



FINANCIAL MANAGEMENT
MISSOURI DEPARTMENT OF ELEMENTARY AND SECONDARY EDUCATION
PO BOX 480, JEFFERSON CITY, MO 65102-0480

PAYMENT REQUEST FORM

☐ MPP

☐ MPP Supplemental

LEAD AGENCY		COUNTY-DISTRICT CODE EIN NUMBER
ADDRESS	STATE MO	ZIP CODE

DIRECTIONS

This form may be submitted monthly to request payment for actual expenses. The signed request form must be in our office on or near the last day of the month. Twenty percent of the approved amount will be withheld until the completion report is received and approved.

Mail OR fax (573) 526-6698 the completed form to: Financial Management, Missouri Department of Elementary and Secondary Education, PO Box 480, Jefferson City, MO 65102-0480; Ph: (573) 751-4420

For program-related questions, contact Early Childhood Education: (573) 751-2095.

BUDGET CATEGORIES	Site 1 Operational	Site 2 Operational	10% Community Set-aside Operational	Site 1 Start-up	Total Expenditures
6100: SALARIES					
6200: BENEFITS					
6300: PURCHASED SERVICES					
6400: MATERIALS/ SUPPLIES					
6500: CAPITAL OUTLAY					
ADMINISTRATION					
ACTUAL EXPENDITURE TOTALS					

AMOUNT RECEIVED TO DATE (For New Programs this number should be the total of your Start Up Funds and Operational Funds)

AMOUNT REQUESTED
(Actual Expenditures *Minus* Amount Received To Date)

NUMBER OF MPP SLOTS FILLED DURING THIS PAY PERIOD

I, the undersigned, as official representative of the Lead Agency, certify the Lead Agency to be in compliance with the assurances signed in the application(s).

SIGNATURE OF AUTHORIZED REPRESENTATIVE

DATE

FOR DESE USE ONLY

Encumbered with DPR#:

Transaction ID:

Vendor Number:

Authorized Signature:

Date: